





# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

OFFICE USE ONLY

<b>6. OFFICERS:</b>	
<b>A. OFFICER'S NAME:</b>	<b>TITLE</b>
<b>BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -	Check box if none: <input type="checkbox"/>  <b>RESIDENCE ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -
<b>B. OFFICER'S NAME:</b>	<b>TITLE</b>
<b>BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -	Check box if none: <input type="checkbox"/>  <b>RESIDENCE ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -
<b>C. OFFICER'S NAME:</b>	<b>TITLE</b>
<b>BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -	Check box if none: <input type="checkbox"/>  <b>RESIDENCE ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -
<b>7. DIRECTORS:</b>	
<b>A. DIRECTOR'S NAME:</b>	<b>TITLE</b>
<b>BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -	Check box if none: <input type="checkbox"/>  <b>RESIDENCE ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -
<b>B. DIRECTOR'S NAME:</b>	<b>TITLE</b>
<b>BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -	Check box if none: <input type="checkbox"/>  <b>RESIDENCE ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -
<b>C. DIRECTOR'S NAME:</b>	<b>TITLE</b>
<b>BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -	Check box if none: <input type="checkbox"/>  <b>RESIDENCE ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE:                                  ZIP:                                  -



## **INSTRUCTIONS FOR COMPLETION OF THE ORGANIZATION AND FIRST REPORT – CORPORATION**

### **Instructions correspond with numbered entries on the form.**

1. Provide the complete name of the Corporation as it currently appears on the records of the Secretary of the State, including the business designation, e.g., Inc., Co., Corp.
2. Provide the month, day, and year on which the organization meeting took place. (The first report is due within 90 days of file date of the Certificate of Incorporation.)
3. Provide the six-digit North American Industry Classification code number. The code can be found by going to [www.census.gov/naics](http://www.census.gov/naics) or by calling the U.S. Census Bureau at 1-888-756-2427. (business/occupation/profession code)
4. Provide a complete address of the Corporation's principal office including a number, street name, city, state, and postal code. P.O. Boxes are only acceptable as additional information.
5. Provide the address to which the Secretary of the State should mail the Corporation's annual report form, if other than its principal office address. A P.O. Box is acceptable for this address.
6. Provide the names of all of the Corporation's officers, their titles, and their business and residence addresses. Complete street addresses, including a number, street name, city, state, postal code, and country if other than the United States, are required. Note: P.O. boxes are only acceptable as additional information. Additional officer information may be provided on attachment sheets; be sure to label all address information ("business" and "residence").
7. Provide the names of all of the Corporation's directors and their business and residence addresses. Complete street addresses, including a number, street name, city, state, postal code, and country if other than the United States, are required. Note: P.O. boxes are only acceptable as additional information. Additional director information may be provided on attachment sheets; be sure to label all address information ("business" and "residence").
8. **CHANGE OF REGISTERED AGENT INFORMATION:** Complete this section if the corporation wishes to change its registered agent information. If no changes to agent information, check box "no changes." Complete Section A if the agent will be a person who is a Connecticut resident; complete Section B if the agent is a business entity that is active on the records of the Secretary of the State (corporation, LLC, LLP, or statutory trust). Note that the Corporation cannot appoint itself as the registered agent. To verify current agent info, go to [www.portal.ct.gov/sots](http://www.portal.ct.gov/sots); click on "Business Services" then "Search Business" and enter exact business name or business ID# and click on result. Check "Agent Summary."
9. **ELECTRONIC MAIL ADDRESS:** Please enter the Corporation's email address. If no email address, check box "none."
10. The document must be executed/signed by an authorized official (officer/director) of the Corporation. That person must print or type their name, state the capacity/title under which they sign, and provide a signature. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

### **OFFICE OF THE SECRETARY OF THE STATE**

#### **Mailing Address:**

Business Services Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470

**WEBSITE:** [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov) or  
[www.portal.ct.gov/sots](http://www.portal.ct.gov/sots)

#### **Delivery Address:**

Business Services Division  
Connecticut Secretary of the State  
165 Capitol Avenue, Suite 1000  
Hartford, CT 06106

**PHONE:** 860-509-6003